

FIGURE 2

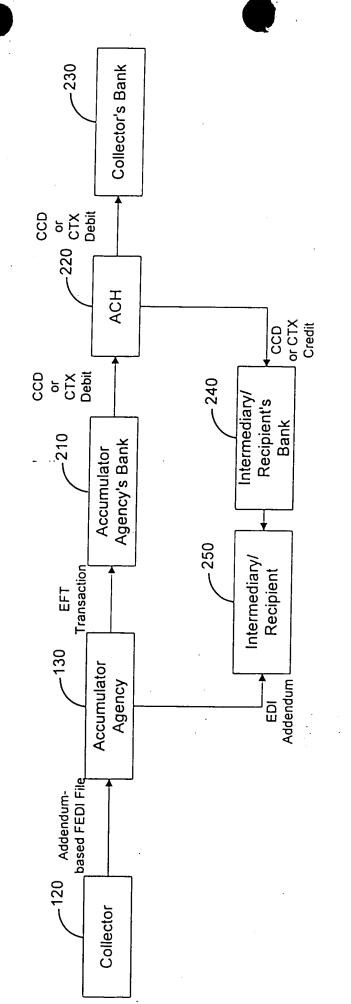
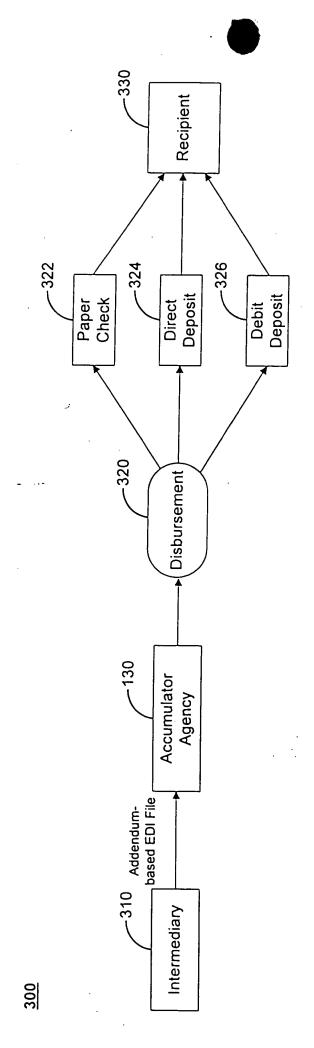
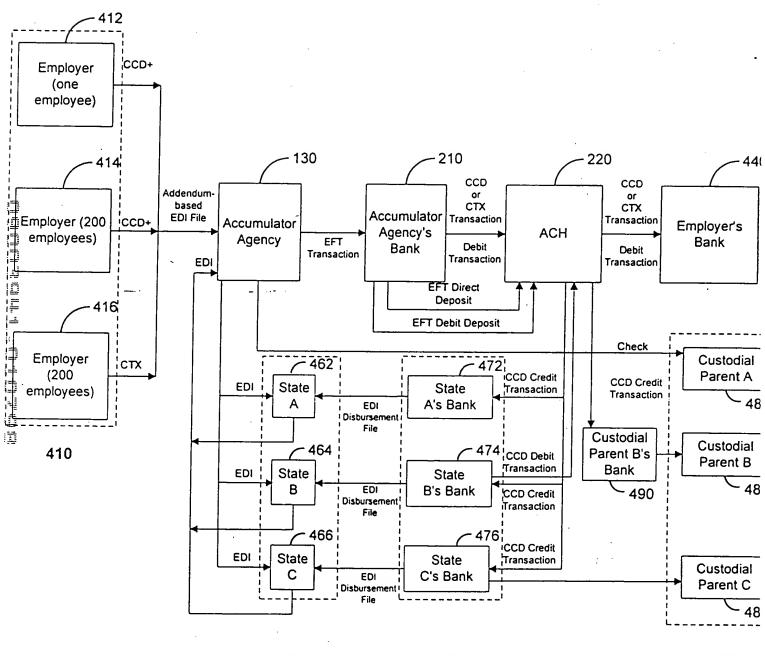


FIGURE 3

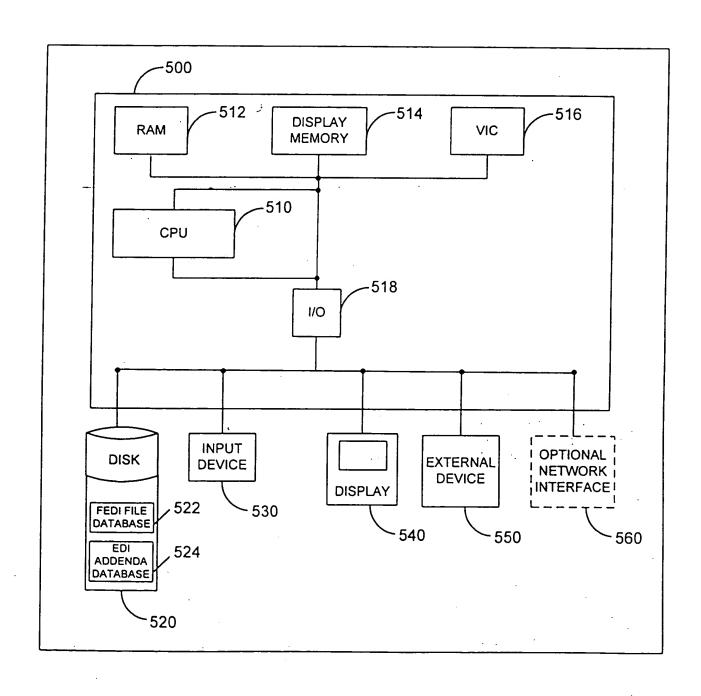




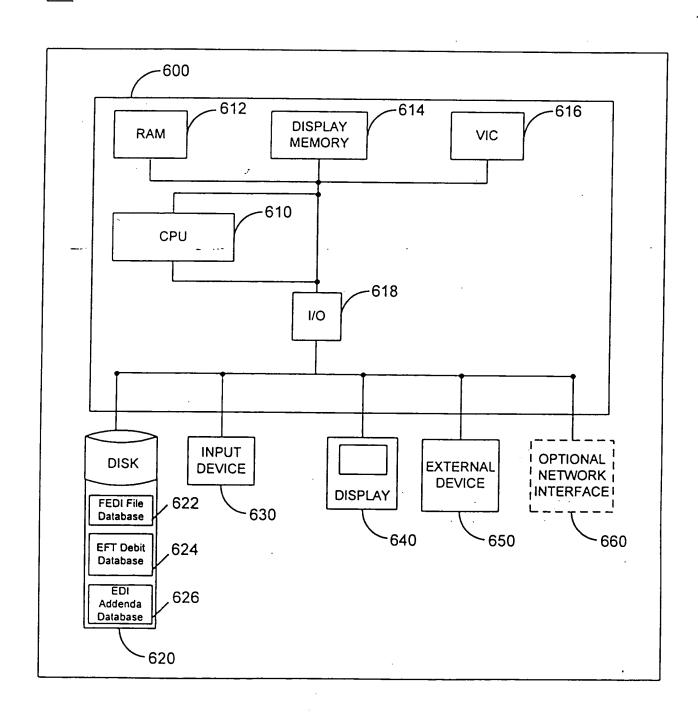
460

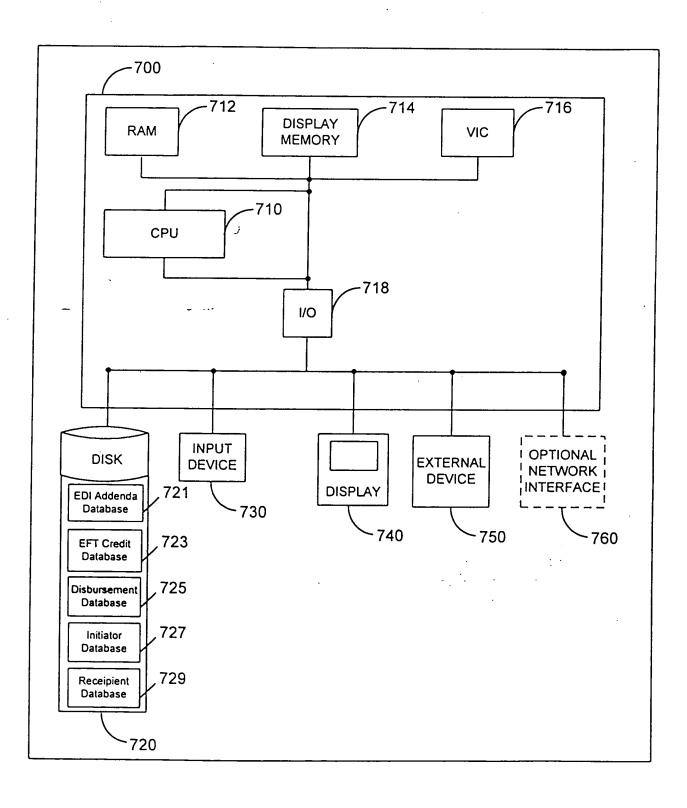
470

<u>120</u>



<u>130</u>





# FIGURE 8A

FIELD

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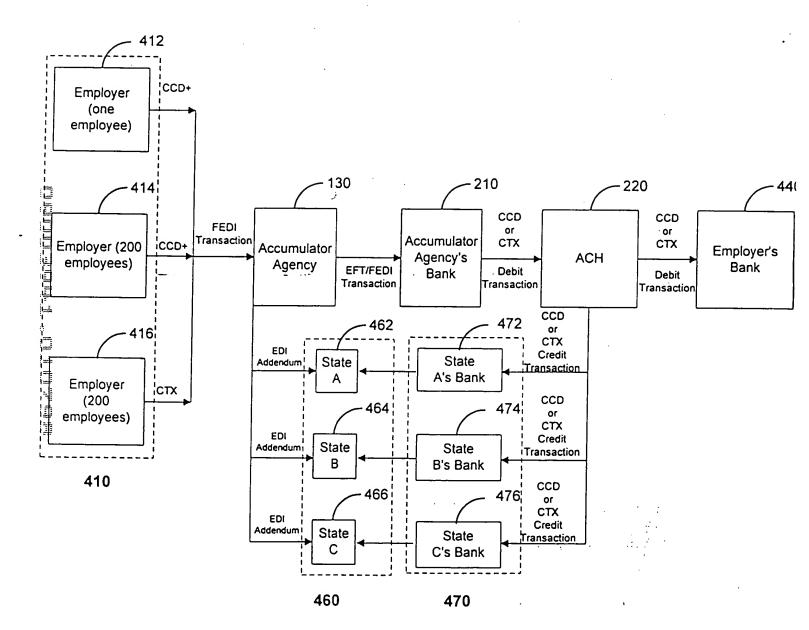
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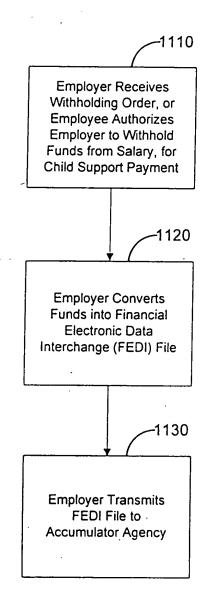
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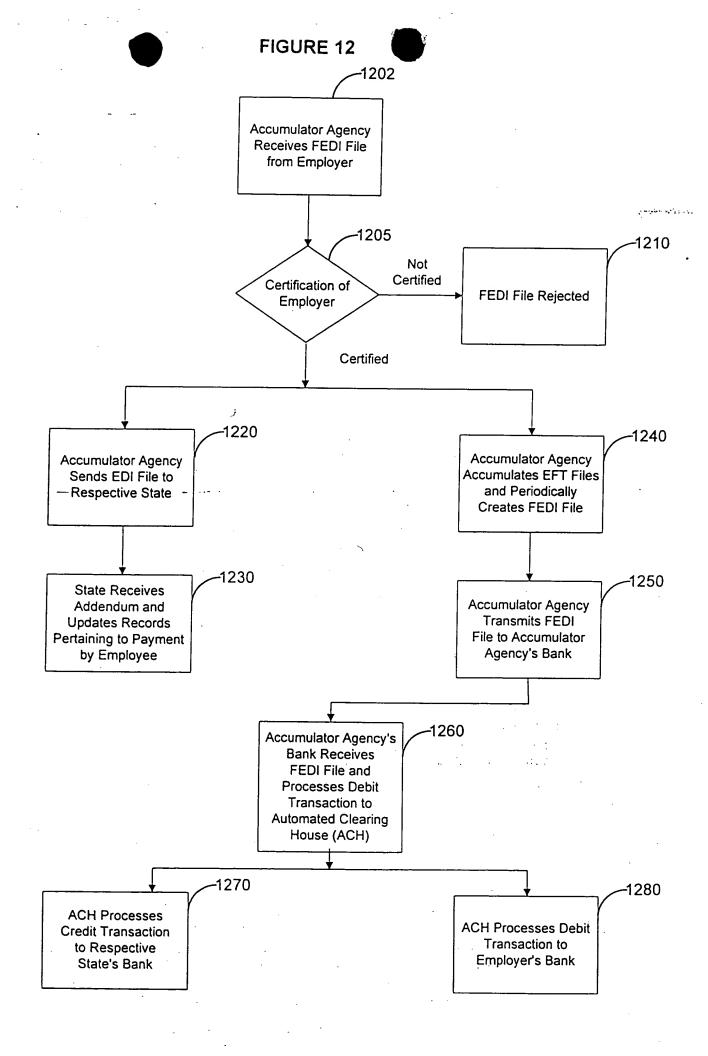
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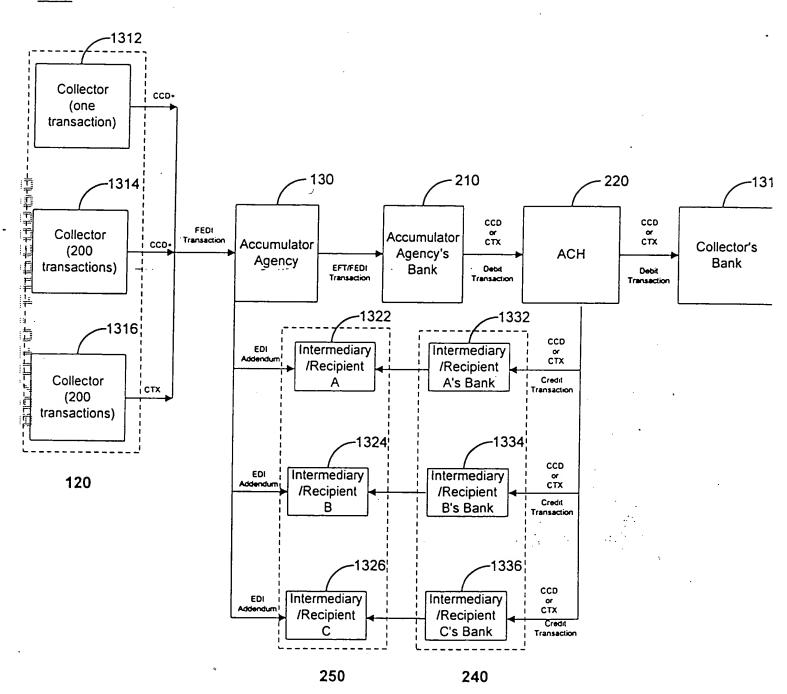
## FIGURE 9B

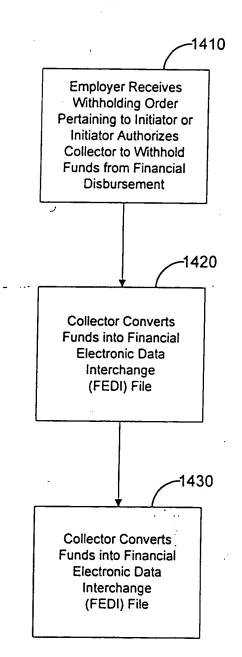
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	Segment Identifier	DED	Z	ō	3/3
DED01	Application Identifier	CS	3	ō	2/2
DED02	Case Identifier	XXXXXXXX	3	Ą	1/20
DED03	Pay Date	YYMMDD	≥	무	6/6
DED04	Payment Amount	\$\$\$\$\$\$\$\$\$CC	≥	N2	1/10
DED05	Non-Custodial Parent Social Security Number	XXXXXXXXX	≥	Ą	9/9
DED06	Medical Support Indicator	'Y' - Yes, 'N' - No	≥	Ą	1/1
DED07	Non-Custodial Parent Name	XXXXXXXXXX	0	Ž	1/10
DED08	FIPS Code	XXXXXXX	0	Ą	5/7
DED09	Employment Termination Indicator	'Y' - Yes	0	Ą	1/1











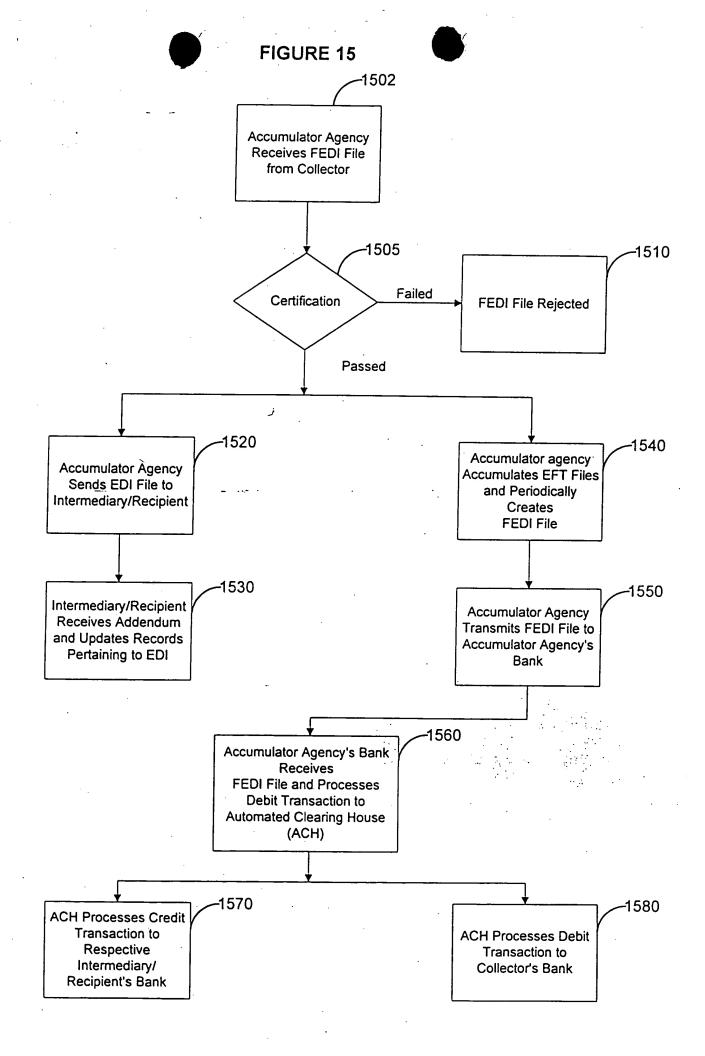
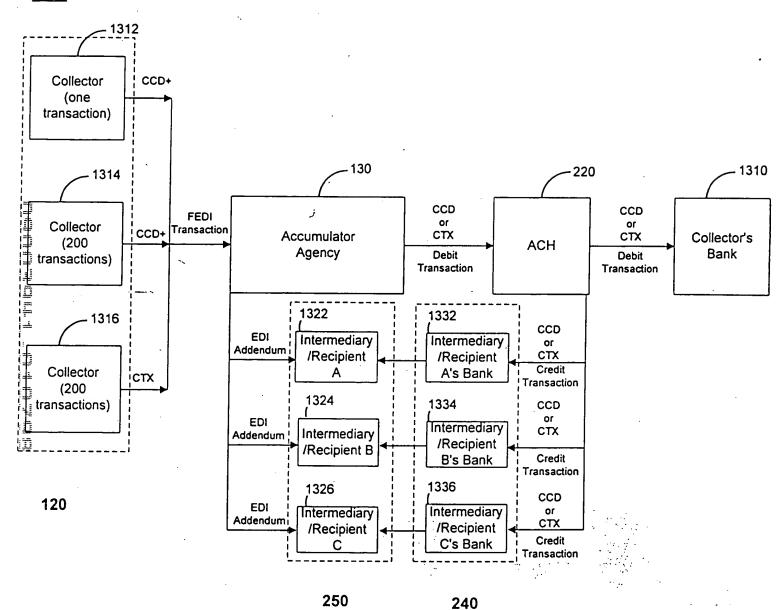
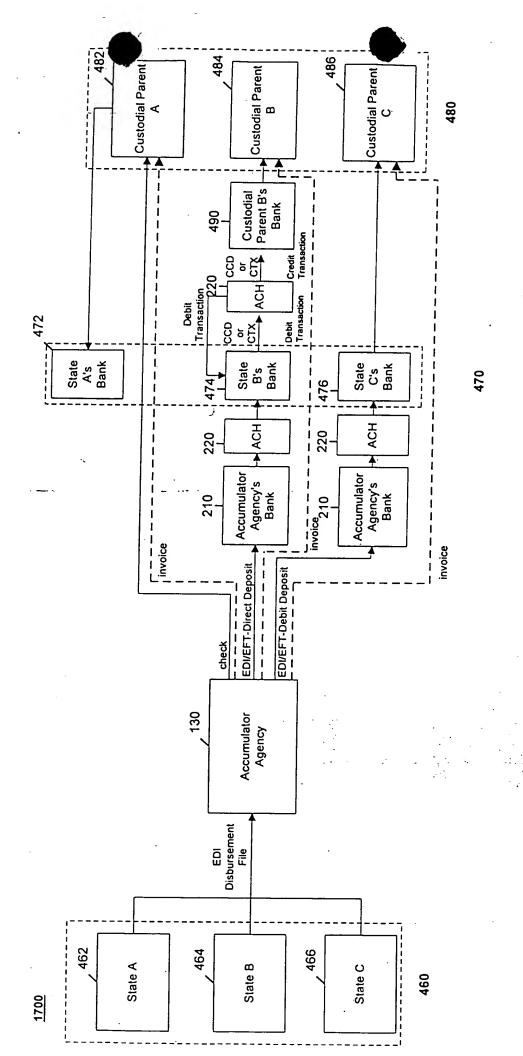


FIGURE 16

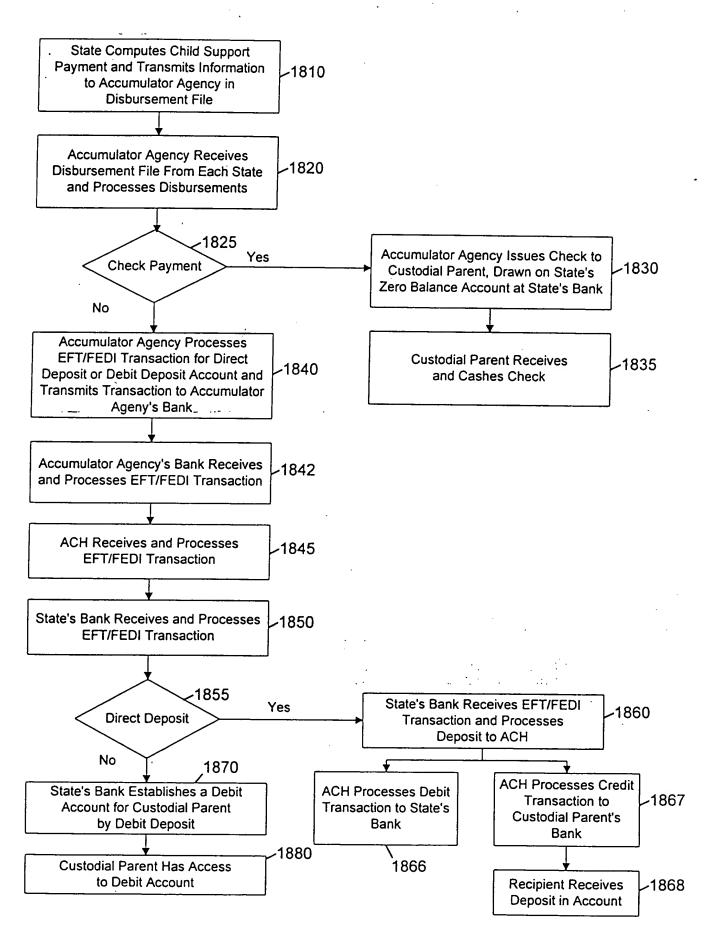




**FIGURE 17** 

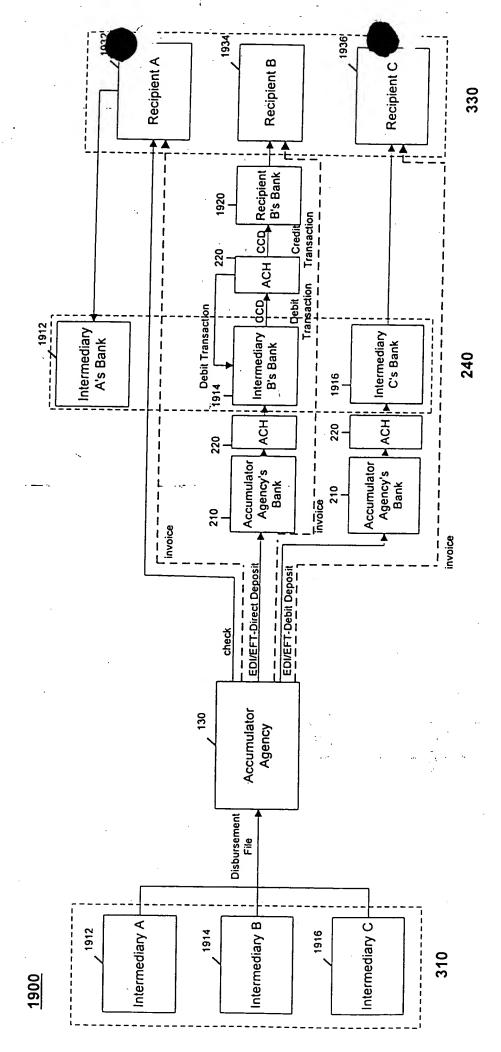






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**FIGURE 19** 



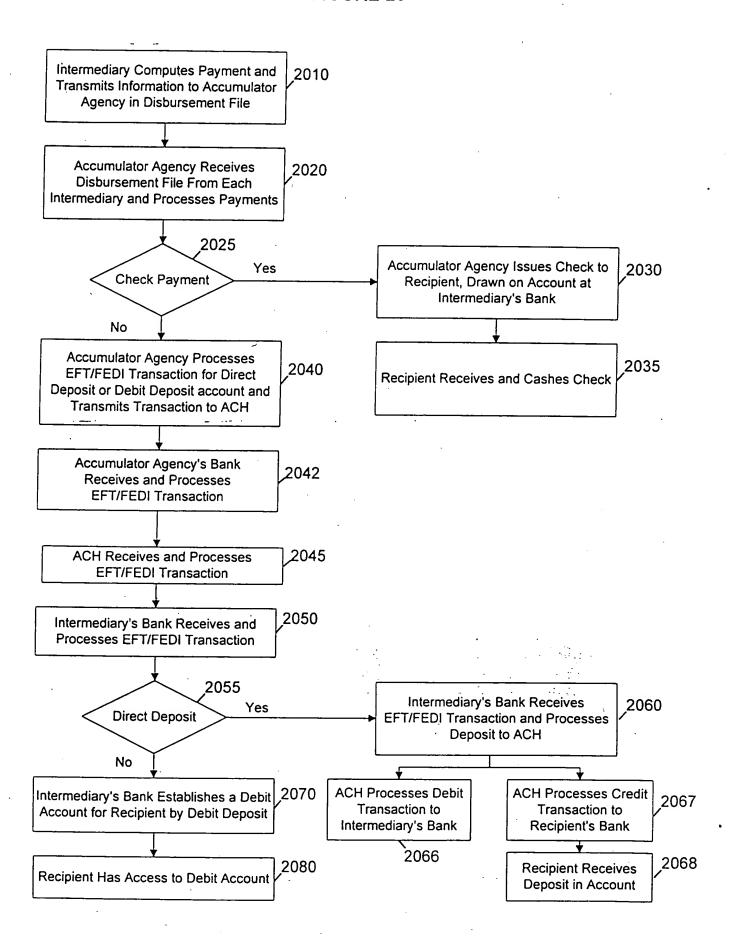


FIGURE 21

